

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00024968

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2007

through

02

28

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dorothy Hitchmoth, O.D.

Signature of Treasurer

Electronically Filed by Dorothy Hitchmoth, O.D.

Date

03

20

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		380998.25
(b) Cash on Hand at Beginning of Reporting Period .....	293992.63	
(c) Total Receipts (from Line 19) .....	17020.44	50648.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	311013.07	431646.74
7. Total Disbursements (from Line 31) .....	40692.05	161325.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	270321.02	270321.02
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7743.75	24758.75
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	9256.98	24684.37
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	17000.73	49443.12
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	17000.73	49443.12
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	19.71	1205.37
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17020.44	50648.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17020.44	50648.49

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		2692.05	3825.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		2692.05	3825.72
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		38000.00	157500.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees .....		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		40692.05	161325.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		40692.05	161325.72

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17000.73	49443.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17000.73	49443.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2692.05	3825.72
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2692.05	3825.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Gerald M M Resnick  
Mailing Address 2303 Kennwynn Road

City State Zip Code  
Wilmington DE 19810-2725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 0 7

Transaction ID: 25398785

Amount of Each Receipt this Period

365.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Fred E Goldberg  
Mailing Address 6924 Butternut Ct

City State Zip Code  
McLean VA 22101-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 6 / 2 0 0 7

Transaction ID: 25400843

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Donald Frank Alvarez  
Mailing Address 167 Willow Way

City State Zip Code  
Clark NJ 07066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 6 / 2 0 0 7

Transaction ID: 25400844

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Lonnie L Williams

Mailing Address 252 E 141st Street

City

Dolton

State

IL

Zip Code

60419-1104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
O.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 25441710

Amount of Each Receipt this Period

273.75

**B.**

Full Name (Last, First, Middle Initial)

Dr David W Hamill

Mailing Address 3309 W Hampton Pointe Dr

City

Florence

State

SC

Zip Code

29501-2098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 25441712

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Michelle Mesker Reeves

Mailing Address 333 Parkside Drive

City

Simpsonville

State

SC

Zip Code

29681-5241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 7 / 2 0 0 7

Transaction ID: 25441795

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1273.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Dr John Brent Altfillisch

Mailing Address 40 Woodshire

City State Zip Code  
Ottumwa IA 52501-1356

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 07 2007

Transaction ID: 25441938

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

Dr Tommy J Ducklo

Mailing Address 6304 Chickering Circle

City State Zip Code  
Nashville TN 37215-5301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
O.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 14 2007

Transaction ID: 25499214

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Dr Karen T Fortman

Mailing Address 11613 St Rt 362

City State Zip Code  
Minster OH 45865

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 27 2007

Transaction ID: 25505750

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Dale Sherman Barr Mailing Address 894 E Court Street City State Zip Code Sidney OH 45365-2816 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7 <b>Transaction ID: 25505756</b> Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr Scott M Schwartz Mailing Address 1311 Kenton Way City State Zip Code Troy OH 45373 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7 <b>Transaction ID: 25505758</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr William G Mc Innish Mailing Address 1300 Forest Park Avenue City State Zip Code Bay Minette AL 36507 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7 <b>Transaction ID: 25505763</b> Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Beth Kohn Mailing Address 18 Pillsbury Pasture Rd City State Zip Code Kingston NH 03848-3569 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7 <b>Transaction ID: 25505768</b> Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr Mark W Harris Mailing Address 137 Pasture Drive City State Zip Code Manchester NH 03102-4961 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 615.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7 <b>Transaction ID: 25505770</b> Amount of Each Receipt this Period 615.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr Carl A Sakovits Mailing Address 191 America Way City State Zip Code Jamestown RI 02835-1806 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7 <b>Transaction ID: 25505854</b> Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Jeff D Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 706 Wedgewood		<b>Transaction ID:</b> 25505856
City Stillwater	State OK	Zip Code 74075-8241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr Reagan Lee Ford		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 169-F Mc Gee-Thompson Rd		<b>Transaction ID:</b> 25505860
City Ackerman	State MS	Zip Code 39735
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr Jeffrey Richard Ahrens		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 05062 Loretta Ln		<b>Transaction ID:</b> 25505865
City Minster	State OH	Zip Code 45865-9407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Jeffrey A Myers

Mailing Address 4089 Marlowa Drive  
P O Box 116

City State Zip Code  
Groveport OH 43125

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 0 7

Transaction ID: 25545846

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

7743.75

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Bank of America**

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
American Express Fee 2/1/07

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25540118

Date of Disbursement

02 / 01 / 2007

Amount of Each Disbursement this Period

7.13

American Express Fee 2/1/-  
07

## **B. Bank of America**

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
Bank of America Fee 02/01/07

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25540124

Date of Disbursement

02 / 01 / 2007

Amount of Each Disbursement this Period

230.22

Bank of America Fee 02/01-  
07

## **C. Bank of America**

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
Bank of America Fee 02/01/07

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25540125

Date of Disbursement

02 / 01 / 2007

Amount of Each Disbursement this Period

0.01

Bank of America Fee 02/01-  
07

**SUBTOTAL** of Disbursements This Page (optional) .....

237.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Bank of America**

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
American Express Fee 2/7/07

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25540119

Date of Disbursement

02 / 07 / 2007

Amount of Each Disbursement this Period

42.47

American Express Fee 2/7-07

## **B. Wachovia Federal**

Mailing Address 1650 Tyson Blvd.

City  
McLean

State  
VA

Zip Code  
22102

Purpose of Disbursement  
Wachovia Service Fee 02/09/07

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25524668

Date of Disbursement

02 / 09 / 2007

Amount of Each Disbursement this Period

579.21

Wachovia Service Fee 02/0-9/07

## **C. Bank of America**

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
American Express Fee 02/11/07

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25540120

Date of Disbursement

02 / 11 / 2007

Amount of Each Disbursement this Period

0.57

American Express Fee 02/1-1/07

**SUBTOTAL** of Disbursements This Page (optional) .....

622.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Bank of America**

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
American Express Fee 02/12/07

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25540121

Date of Disbursement

02 / 12 / 2007

Amount of Each Disbursement this Period

0.57

American Express Fee 02/1-2/07

## **B. Bank of America**

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
American Express Fee 02/14/07

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25540122

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

9.26

American Express Fee 02/1-4/07

## **C. Bank of America**

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
Bank of America Fee 02/15/07

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25540126

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

26.42

Bank of America Fee 02/15-/07

**SUBTOTAL** of Disbursements This Page (optional) .....

36.25

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address PO Box 790251

City  
St. LouisState  
MOZip Code  
63179Purpose of Disbursement  
American Express Fee 02/16/07

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 25540123

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	0	7

Amount of Each Disbursement this Period

1.19

American Express Fee 02/1-6/07

**B. Internal Revenue Service Center**

Mailing Address

City  
OgdenState  
UTZip Code  
84201Purpose of Disbursement  
2006 Income Taxes

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 25498915

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	0	7

Amount of Each Disbursement this Period

1527.00

2006 Income Taxes

**C. Virginia Department of Taxation**

Mailing Address P O Box 1500

City  
RichmondState  
VAZip Code  
23218-1500Purpose of Disbursement  
2006 Income Taxes

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 25498919

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	0	7

Amount of Each Disbursement this Period

268.00

2006 Income Taxes

SUBTOTAL of Disbursements This Page (optional) .....

1796.19

TOTAL This Period (last page this line number only) .....

2692.05



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Blue Dog PAC**

Mailing Address 227 Massachusetts Avenue, N.E.  
Suite 101

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Committee Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25395342

Date of Disbursement

02 / 02 / 2007

Amount of Each Disbursement this Period

1500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

## **B. Putnam For Congress Committee**

Mailing Address 1015 East George Street

City Bartow State FL Zip Code 33830

Purpose of Disbursement  
Candidate Contribution

Candidate Name

Adam Putnam

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 12

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25395183

Date of Disbursement

02 / 02 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

## **C. Walberg For Congress**

Mailing Address 6769 Teachout Rd.

City Tipton State MI Zip Code 49287

Purpose of Disbursement  
Candidate Contribution

Candidate Name

Mr. Timothy Walberg

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 7

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25395159

Date of Disbursement

02 / 02 / 2007

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Walberg For Congress**

Mailing Address 6769 Teachout Rd.

City Tipton State MI Zip Code 49287

Purpose of Disbursement  
Void - Originally Reported 09/22/2006 -Candidate Name  
Mr. Timothy WalbergOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2006 General Electio

State: MI District: 7

Transaction ID: 25585235

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	0	7

Amount of Each Disbursement this Period

-2000.00

Void - Originally Reported  
09/22/2006 - Walberg For  
Congress

Full Name (Last, First, Middle Initial)

**B. John D. Dingell For Congress Committee**Mailing Address 607 14th Street N.W.  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Candidate ContributionCandidate Name  
Rep. John D. DingellOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: 25430679

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	0	7

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Boozman For Congress**

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement  
Candidate ContributionCandidate Name  
Rep. John N. BoozmanOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 3

Transaction ID: 25401722

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	0	7

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Friends Of Kent Conrad**

Mailing Address PO Box 812

City  
Bismarck

State  
ND

Zip Code  
58502

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Sen. Kent Conrad

011

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 0

**Transaction ID: 25401687**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Friends For Harry Reid**

Mailing Address PO Box 19163

City  
Las Vegas

State  
NV

Zip Code  
89132

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Sen. Harry Reid

011

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 0

**Transaction ID: 25401683**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Cantor For Congress**

Mailing Address P. O. Box 17813

City  
Richmond

State  
VA

Zip Code  
23226

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Eric I. Cantor

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 7

**Transaction ID: 25452211**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Matsui For Congress

Mailing Address PO Box 1738

City  
Sacramento

State  
CA

Zip Code  
95812

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Doris Matsui

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 5

Transaction ID: 25452235

Date of Disbursement

02 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B.** John Thune For Us Senate

Mailing Address PO Box 3308

City  
Sioux Falls

State  
SD

Zip Code  
57101

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
John Thune

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD District: 0

Transaction ID: 25462139

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C.** Friends Of Mary Landrieu Inc

Mailing Address 607 14th Street Nw Suite 800  
Suite 1434

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Sen. Mary L. Landrieu

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 0

Transaction ID: 25487645

Date of Disbursement

02 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Rogers For Congress**

Mailing Address Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Michael J. Rogers

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 8

Transaction ID: 25487646

Date of Disbursement

02 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Ros-Lehtinen For Congress**

Mailing Address P O Box 52-2784

City Miami State FL Zip Code 33152

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Ileana Ros-Lehtinen

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: 25498555

Date of Disbursement

02 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Citizens For Rush**

Mailing Address P. O. Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Bobby L. Rush

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 1

Transaction ID: 25498231

Date of Disbursement

02 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Pete Stark Re-Election Committee**

Mailing Address P.O. Box 8331

City  
Fremont

State  
CA

Zip Code  
94537

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Fortney Peter Stark

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: 25498220

Date of Disbursement

02 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Stupak For Congress**

Mailing Address 817 Ninth Avenue  
P.O. Box 156

City  
Menominee

State  
MI

Zip Code  
49858

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Bart Stupak

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 1

Transaction ID: 25498222

Date of Disbursement

02 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Robert Wexler For Congress Committee**

Mailing Address Post Office Box 810669

City  
Boca Raton

State  
FL

Zip Code  
33431

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Robert Wexler

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 19

Transaction ID: 25498196

Date of Disbursement

02 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Martinez For Senate**

Mailing Address 610 S Boulevard

City  
Tampa

State  
FL

Zip Code  
33606

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name  
Sen. Mel Martinez

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 0

Transaction ID: 25498578

Date of Disbursement

02 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Connie Mack**

Mailing Address P.O. Box 519  
Pmb 388

City  
Naples

State  
FL

Zip Code  
34106

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name  
Rep. Connie Mack, IV

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 14

Transaction ID: 25498704

Date of Disbursement

02 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Loeb sack for Congress**

Mailing Address PO Box 81

City  
Mount Vernon

State  
IA

Zip Code  
52314

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name  
David Loeb sack

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 2

Transaction ID: 25498831

Date of Disbursement

02 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Solis For Congress

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Hilda L. Solis

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 32

Transaction ID: 25504221

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B.** Courtney For Congress

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Joseph Courtney

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 2

Transaction ID: 25503872

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C.** Debbie Wasserman Schultz

Mailing Address 1071 Twin Branch Lane

City Weston State FL Zip Code 33326

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Debbie Wasserman-Schultz

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: 25505046

Date of Disbursement

02 / 28 / 2007

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City  
Cheshire

State  
CT

Zip Code  
06410

Purpose of Disbursement  
Candidate Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CT

District: 5

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25505100

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

38000.00